



SHIRLEY CLARKE FRANKLIN
MAYOR

City of Atlanta

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Steven R. Cover, AICP
Commissioner
Department of Planning and
Community Development

BUREAU OF BUILDINGS
Ibrahim Maslamani, CBO, AIA
Director

Zoning Enforcement Division

REQUEST FOR VERIFICATION OF ZONING CLASSIFICATION

I, _____ hereby request verification of zoning classification for the following location(s): **If you do not have an address of the location you are requesting to be verified, please attach a survey or plat plan.**

1. _____
2. _____
3. _____
4. _____
5. _____

Note: A request for Verification for Zoning Classification is normally completed within seven (7) to ten (10) days; however, some requests will require longer research and may not be done within this time frame. Please provide the phone number you can be reached at: _____

Fax your request to: 404.331.8902
or mail to: Bureau of Buildings
c/o Zoning Enforcement
55 Trinity Ave., Suite 3900
Atlanta, GA 30303-0309
404-330-6175 Ext 5173

Please choose and complete one of the following options as your preferred means of contact:

Mailing Address: _____

Email Address: _____

Fax Number: _____

To be completed by Zoning Enforcement

Date Received: _____ Date Completed: _____